



Birthday Child's Name: _____

Birthday Child's Age: _____

Contact Name: _____

Contact Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ Email Address: _____

Of Children Attending: _____

(Party Package includes 20 children. Add \$5 for each additional child.)

Party Package (please check one)

_____ General Birthday

_____ Game Room Party

_____ Outdoor Playground Party

Balloon & Table Cloth Color Requested (check up to four)

_____ Red _____ Orange _____ Yellow

_____ Green _____ Blue _____ Purple

_____ White _____ Pink _____ Black

_____ Assortment

Date Requested: _____ Alternate Date: _____

Event Start and End Times: _____

Package includes 2 hours, plus ½ hour for clean-up.

(Building Hours: 8am-9 pm Monday-Saturday; 9am-6pm Sunday)

PLEASE NOTE: This is just a request. A North Laurel Staff Member will get back to you within 2 business days after checking availability.

Return completed Birthday Package Request Forms to the North Laurel Community Center (9411 Whiskey Bottom Road, Laurel, MD 20723) or fax to 240-568-3030.

Submission of this form confirms that applicant has read and understands the policies and procedures outlined in this Facility Rental Guide.

FOR OFFICE USE:

Date received: _____

Time received: _____

Initials: _____



NORTH LAUREL
COMMUNITY CENTER

9411 Whiskey Bottom Rd, Laurel, MD 20723